

School district name ___

OSPI Instructors and Staff Registration

Driver Training School Program Department of Licensing PO Box 435 Olympia, WA 98507

Email: tse@dol.wa.gov

Name (First, Middle Initital,	Last)		Date of birth	Social Security number	Status Add Delete
Office use	(Area code) Telephone number	Email			Registration type Instructor Staff
Name (First, Middle Initital,	Last)		Date of birth	Social Security number	Status Add Delete
Office use	(Area code) Telephone number	Email			Registration type Instructor Staff
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Use additional pages if needed.